DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 02-17

2. STATE: Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
1902 (e) (12) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 $ -0-
b. FFY 2004 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2-A; pages 23a.1 and 23 a.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
none

10. SUBJECT OF AMENDMENT:
Eligibility

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
James K. Haveman, Jr.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
James K. Haveman, Jr.

14. TITLE:
Director

15. DATE SUBMITTED:
September 12, 2002

16. RETURN TO:
Michigan Department of Community Health
Office of Federal Liaison
1 Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933
Attn: N. Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/13/02

18. DATE APPROVED: October 8, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:
Minnie Hood-Stuffing Acting ARA

21. TYPED NAME:
Cheryl A. Harris

22. TITLE:
Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED
SEP 13 2002
DMCH - MI/MN/WI

FORM HCFA-179 (07-92)

Instructions on Back

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medical Services Administration

MEMORANDUM

To: Nancy Bishop Date: September 3, 2002

From: Jackie Tichnell, Mgr. Eligibility Policy Section
Re: State Plan Amendment #02-17

Attached are your copies of the State Plan amendment. Information specific to the plan amendment is as follows:

1. Effective date of plan change:

   October 1, 2002

2. CFR citation under which proposed change is to be made:

   1902(e)(12) of the Social Security Act

3. Plan material submitted:

   Attachment 2.2-A, pgs 23a.1 and 23a.2

4. Plan material superseded:

   none

5. Purpose of amendment:

   Implements an optional item from a previous preprinted item to consider eligible children ≤19 deemed to remain eligible for 12 months.

6. Summary of change from current plan:

   Current plan does not contain preprint language or select continous eligibility as a Michigan option.

7. Federal Budget Impact:

   a. FFY 2003 $ -0- b. FFY 2004 $ -0-

8. FOR INSTITUTIONS ONLY: Is the change significant?

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: MICHIGAN

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

AGENCY*	CITATION(S)	GROUPS COVERED
	1902(a)(10)(A)(ii)(XIV) of the Act	☐ 20. Optional Targeted Low Income Children who: a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability); b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the §1902(l)(2)(D)); c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program; d. have family income at or below: 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points. The state covers: ☐ All children described above who are under age ____ (18, 19) with family income at or below ____ percent of the poverty level. ☐ The following reasonable classifications of children described above who are under age ____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification: (ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBLILITY FOR EACH CLASSIFICATION.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: MICHIGAN

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATIONS

AGENCY*	CITATION(S)	GROUPS COVERED
	1902(e)(12) of the Act	☒ 21. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
	1920A of the act	☐ 22. Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month follow the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.